

Reliance on God's Help (RGH)

Reference:	Büssing A, Ostermann T, Matthiessen PF. Wer kontrolliert die Gesundheit? - Adaptive Krankheitsverarbeitungsstile bei Patienten mit chronischen Erkrankungen. <i>Deutsche Zeitschrift für Onkologie</i> 2008, 40:150-156 Büssing A, Recchia DR, Baumann K: The Reliance on God's Help Scale as a Measure of Religious Trust – A Summary of Findings. <i>Religions</i> 2015; 6: 1358–1367 (doi:10.3390/rel6041358)
Language:	English, German, Danish
Contact:	Prof. Dr. med. Arndt Büssing, University Witten/Herdecke, Germany; Email: arndt.buessing@uni-wh.de
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Origin: Original instrument.

Purpose: In the case of illness, people may search for transcendent sources of help (i.e., God). This strategy may be a reactive process in response to a stressor (resulting in prayers for help), a lifelong trained habit (in terms of a “trait”), or the conviction that faith is a stronghold and God is at one's side whatever life brings. This can be regarded as a strong basic trust in God, who is expected to carry one through such phases of insecurity or illness. To operationalize this trust in a transcendent (theistic) source, the Reliance on God's Help (RGH) scale (alternatively entitled Trust in God's Help scale) was developed as part of a larger construct to address adaptive coping strategies related to the “locus of health control” concept. The items were designed to measure a person's strong basic trust in God (faith), regardless of what life brings.

Population: Can be used in healthy adults and patients with chronic diseases.

Administration:

Rater: Self, telephone or interview-administered

Time required: < 1 min. for self administration

Training: none

Scoring: All items were scored on a 5-point scale from disagreement to agreement (0 - does not apply at all; 1 - does not truly apply; 2 - don't know (neither yes nor no); 3 - applies quite a bit; 4 - applies very much). The mean scores were referred to a 100% level (transformed scale score). Scores > 50% indicate high agreement or utilization of coping strategy, while scores < 50% indicate low usage of respective strategy

Description: The 5-item scale has good internal consistency (Cronbach's alpha ranging from 0.90 to 0.96), and addresses the following topics:

- Unconditional trust (“Whatever happens, I will trust in a higher power that carries me through”)
- Hopeful belief (“I have strong belief that God will help me”)
- Faith as a resource (“My faith is a stronghold, even in hard times”)
- Connection and effect/function (“I pray to become healthy again”)
- Behavioral correspondence (“I try to live in accordance with my religious convictions”)

Coverage: Research and Clinical

Reliability: The internal consistency estimates in both health and diseases samples are very good, ranging from 0.90 to 0.96. However, in a sample of Catholic pastoral workers, who all agreed with the statements, its internal reliability was acceptable yet lower (alpha = 0.78). The goodness of fit for the structural equation modelling (SEM) confirms the scale's validity (CFI = 1.0, TLI = 0.99, RMSEA = 0.045, SRMR = 0.003).

Validity: RGH scores were strongly associated with SpREUK’s religious Trust scale ($r = 0.77$) and moderately with SpREUK’s Search for Spiritual Support Scale ($r = 0.47$). With respect to the frequency of engagement in various spiritual practices, the scale correlated strongly and best with religious practices ($r = 0.64$) and gratitude/awe ($r = 0.59$) [9]. These findings indicate construct validity. In samples of persons with chronic diseases, cancer, and also healthy individuals, there were only marginal associations between the scale and health-related quality of life (SF-12). Also, in female cancer patients, the scale was either not at all or only marginally related to cancer-related fatigue ($r = 0.08$), life satisfaction ($r = 0.09$), anxiety (.08), depressive symptoms ($r = -0.15$), and SF-12’s mental health component ($r = -0.13$). Similarly, in patients with depressive and/or addictive diseases, the RGH scale was weakly—but significantly—associated with life satisfaction ($r = 0.24$). However, the weak association for depression scores ($r = -0.13$) failed to reach a level of significance.

Strengths: This compact and circumscribed scale may be beneficial in health studies because it is not per se associated with indicators of well-being or health-related quality of life, indicating clearly distinct dimensions
The scale’s topics differ from Pargament’s concept of Religious Coping, which addresses the function of problem solving. With the exception of one prayer item, the RGH scale does not refer to active coping strategies to restore health.

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Each person has its own and unique point of view which must not necessarily apply to yours. Thus, read the statements you will find here carefully and then indicate how true each is for you and your current situation by circling one number per line.		does not apply at all	does not really apply	I don't know (neither yes nor no)	applies quite well	definitely applies
a35	Whatever happens, I will trust in a higher power that carries me through	0	1	2	3	4
a36	I have strong belief that God will help me	0	1	2	3	4
a37	My faith is a strong hold, even in hard times	0	1	2	3	4
a38	I pray to become healthy again	0	1	2	3	4
a39	I try to live in accordance with my religious convictions	0	1	2	3	4

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